	Agency Name	Department of Children and Family Services (DCFS)
	Chapter No./Name	DCFS Policy Manual
	Part No./Name	3/Health & Safety
	Section No./Name	3-01/Bloodborne Pathogens
	Document No./Name	3-01/Bloodborne Pathogens
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I. STATEMENT OF POLICY

It shall be the policy of the Department of Children and Family Services (DCFS) to establish a procedure using universal precautions regarding bloodborne pathogens (BBP) and preventing the contraction of communicable diseases (CD) in the workplace.

It is the purpose of this policy to reduce or eliminate occupational exposure to blood and other potentially infectious materials and communicable diseases to state employees. This exposure control plan can minimize or eliminate exposure through the use of protective equipment, training, clean up procedures and medical protocol involving post exposure evaluation.

This policy covers all employees who can "reasonably anticipate", as the result of performing their job duties, exposure to blood and other potentially infectious materials, and exposure to communicable diseases.

II. PROCEDURES

Responsibilities

- The DCFS Secretary is responsible for making every possible effort to ensure a safe environment for the employees and clients of the DCFS.

- The DCFS Safety Officer is responsible for:

  - Acting as Department-wide safety/exposure control officer.

  - Maintaining a list of safety coordinators who have responsibilities in the Safety Plan.

  - Overseeing implementation of safety regulations in the Department and ensuring that personal protective equipment is available in all appropriate locations.

  - Reviewing the policy annually.

- Safety Coordinators are responsible for:
  - Ensuring minimal first aid supplies and PPE are available in accordance with DCFS Policy 3-02, Safety.
  - Recording all first aid administered by completing the First Aid Information form (Adobe version/Word version).
  - Investigating and documenting all exposure incidents.
  - Ensuring that all low-risk employees are trained on the Bloodborne Pathogen and Communicable Diseases policy and complete BBP awareness training via LEO within three (3) months of hire and every five years thereafter.
  - Ensuring that all high-risk employees are trained on the Bloodborne Pathogen and Communicable Diseases policy within three (3) months of hire, attend instructor-led BBP training annually and complete BBP awareness training via LEO every five years.
  - Ensuring that all employees determined to be in a high exposure risk position use the appropriate personal protection equipment (PPE) and that all appropriate sizes are readily accessible.
  - Ensuring that all personal protective equipment will be cleaned or disposed of by appropriate personnel.
  - Ensuring the area where a BBP spill has occurred is decontaminated in accordance with the spill and clean up procedures.

Training

- Requirements
  - All employees are to be trained on this policy within three (3) months of hire.
  - Employees at high risk for exposure to Bloodborne Pathogens must attend annual instructor led training by someone qualified and knowledgeable in such matters (e.g. healthcare professional, safety & health professional, EMT, First Aid/CPR instructor, Red Cross, DHH/OPH, etc.).

- BBP awareness training for **all other** employees must be completed within three (3) months of hire via the LEO system and every five (5) years thereafter.

- For additional information on training see DCFS Policy 3-02, Safety.

- Documentation

  A training attendance form must be used to document required attendance at the training sessions. The DCFS Training Attendance Form may be utilized for the required documentation, or trainers may develop their own forms, as long as it contains the same information. Attendance forms developed for documentation purposes must include the four agreements on the sample form, as well as the total number of employees, number of employees trained, and percentage of total employees trained.

  The employee's training report or ZP174 report from LEO may be used to document BBP awareness training.

  Training attendance forms must be maintained in accordance with DCFS Policy 6-02, Retention of Departmental Records.

Exposure determination

DCFS has determined that the following positions are at high risk for occupational exposure:

- Child Support Enforcement Arrest Team Members who carry weapons.

- BBP Training will be conducted during annual Fire Arms Recertification.

Known risks of infection to employees while performing normal duties are minimal. However, listed below are situations, based on seriousness of risk contacts, which may expose an employee to a BBP:

Higher risk situations considered to be significant exposures include such contacts as:

- Being pricked or jabbed with a used hypodermic needle.

- Having blood or other body fluids possibly contaminated with blood spilled on non-intact skin, especially on an open wound, sore, near the mouth, eyes or other mucous membrane.

- Human bite wounds that break the skin.

- Performing mouth-to-mouth resuscitation on any person without using a pocket mask, particularly when the person is bleeding from the mouth (OSHA requires the use of resuscitation equipment for CPR).

Minimal risk contacts include, but are not limited to:

- Human bite wounds that do not break the skin.
- Human scratch wounds.

Remote risk contacts include:

- Casual contact with bloodborne pathogens (Human Immunodeficiency Virus [HIV]/Hepatitis B Virus [HBV]) carriers.
- Intact skin visibly contaminated with blood/body fluids (being spat upon, contact with tears or perspiration of any person).

Although Tuberculosis (TB) is not a bloodborne pathogen disease, employees shall be aware that there is minimal to high risk of contracting TB if close contact with respiratory body fluids, droplets of saliva or particles are projected towards the face.

Method of Compliance

Universal precautions mandate staff treating all body fluids as if they are infectious. Personal protective equipment such as hand washing solution, gloves, masks and resuscitation mouthpieces must be used. These standards stress hand washing as a method of exposure control.

Each employee is responsible for the disposal of his/her own potentially hazardous items such as used syringes and soiled bandages. Disposing medical waste in trash cans is prohibited. Employees must dispose of medical waste either at home or if available, in a biohazard container located in the building.

Failure to follow these procedures may result in disciplinary action in accordance with DCFS Policy 4-07 Disciplinary Corrective Actions and Separations.

Employees shall make it a practice to bandage open wounds or cuts, hang nails and rashes on hands to avoid potential contact with contaminated body fluids. Bandages shall be sealed on four sides and should be replaced if they become wet or soiled.

The following equipment should be kept at all first aid stations:

- **Gloves:** Required to be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. Example: paper cut, skin scrape, etc.

  - Disposable (single use) gloves shall be readily accessible so that replacement occurs as soon as practical upon contamination, tearing, or puncturing.

  - Disposable gloves shall not be washed or decontaminated for reuse.

  - Employees shall not walk around touching knobs, switches, telephones and other surfaces until the gloves are removed.

- **Mask and Eye Protective Devices:** Required to be worn whenever splashes, sprays, splatters or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Example: skin puncture, etc.

- **Resuscitation Mouthpiece:** Required when mouth-to-mouth resuscitation is administered. Example: respiratory arrest, loss of consciousness.

- **Hand Cleaning Solution:** Required for hand washing after every first aid treatment.

- **Sealable Plastic Bags:** Required for disposal of contaminated materials.

- **Blood spill kit**: May be a prepackaged kit containing protective gloves, eye cover, packet of granular fluid absorber and scoop, sealable red biohazardous waste disposal bag, and disinfectant hand wipes or it may consist of protective gloves, eye cover, bleach, rags/paper towels, sealable red bio-hazardous waste disposal bags, disinfectant hand wipes, mop, and bucket.

- **Decontamination solution or bleach**: If bleach is used for a clean up, mix ten (10) parts water with one (1) part bleach. Since a solution of bleach and water loses its strength quickly, it should be mixed fresh before each clean up for an effective cleaning.

- **Mop, bucket, rags or paper towels:** Items used for the clean up process.

Spills and Clean-up Procedures

Upon notification that a BBP spill has occurred, the following procedures must be followed:

- The Safety Coordinator (or other approved and designated individual) will clear individuals from the affected area and set up a perimeter so that others will not come into contact with any BBP. Access to the area should be restricted.

- The Safety Coordinator (or other approved and designated individual) will wash/mop the affected area with a strong solution of water and bleach (10 parts water to 1 part bleach), or other decontamination solution. Personal protective equipment must be worn.

- Cleaning equipment must be properly decontaminated. Use disposable supplies whenever possible and dispose of properly.

- A spill kit is to be kept in the office for such events. It may consist of a prepackaged kit containing protective gloves, eye cover, packet of granular fluid absorber and scoop, sealable red biohazardous waste disposal bag, and disinfectant hand wipes, or it may consist of protective gloves, eye cover, bleach, rags/paper towels, sealable red biohazardous waste disposal bags, disinfectant hand wipes, mop and bucket.

- If blood or potentially infectious material has spilled directly onto you, it should be thoroughly washed off as soon as possible. If the material has spilled on your clothing and soaked through so that there is skin contact, the clothes must be removed. Following removal, wash those areas where exposure is evident, even to the point of taking a shower. If blood or potentially infectious material has come into contact with any of the mucous membranes (eyes, nose, lips) they need to be thoroughly rinsed. If there is contact with open wounds or cracks in the skin, there is a risk of exposure.

- Employees shall wash hands immediately and thoroughly with hot water and soap following contact with blood or other body fluids, or any other possible source of infection.

- Hand washing is required whenever gloves have been worn and upon their removal.

- When provisions for hand washing are not available, employees shall use antiseptic towelettes. However, hands shall be washed with soap and running water as soon as feasible thereafter.

- Employees shall not smoke, eat, drink, apply make-up or lip balm, or handle contact lenses around areas where there is a reasonable likelihood of exposure, especially body fluid spills.

- Disposal of waste should be in accordance with applicable federal, state, and local regulations.

- All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste material must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

- The office may elect to call in a professional for proper decontamination and disposal.

Work and Practice Controls – Response to Exposures: Immediate and Post Exposure

Immediate response to various exposures will depend upon the circumstances:

- If an employee receives a puncture/stick, cut, or scratch of the skin with a potentially infected sharp object, then wash the area immediately with soap and warm water. Medical attention shall then be sought.

- Employees shall always wash their hands thoroughly with soap and warm water after contact with any person's blood or bodily fluids (universal precautions) whether in a container or not. This includes persons who wear rubber gloves during an event.

- If an employee is bitten, apply pressure to encourage the wound to bleed, wash the area with soap and hot water. Medical attention shall then be sought.

- Employees who have been spat upon or who have come in contact with a person who has vomited, urinated or defecated upon him/herself, shall wash with soap and warm water after such contact.

- All accident forms required by DCFS Human Resources and Office of Risk Management (ORM) shall be completed within 24 hours of the incident.

  - A State Employee Incident/Accident Investigation Form (DA 2000) will be completed by the employee and supervisor.

  - LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form, shall be filled out by the Supervisor.

  - If a visitor or client is injured, the Visitor/Client Accident Reporting Form (DA3000) and General Liability Reporting Form (DA 2065)

must be completed by the office Safety Coordinator or designated employee.

- If you are contacted by Legal Counsel for the injured party, forward the written request to the Safety Officer, with a copy to DCFS General Counsel, and Support Services Unit Manager, who will then forward to ORM/FARA for response.

- Forms instructions are in DCFS Safety 3-02

The immediate supervisor and affected employee shall evaluate each exposure incident to determine immediate preventive measures and necessary medical attention.

All significant exposure incidents will be referred to the appropriate health department for evaluation and investigation.

The designated health epidemiologist will review the incident, determine whether a true exposure occurred, and notify the affect member of recommendation.

Medical Provisions for Affected Employees

- Employees are responsible for documentation and/or follow up on any situation that might lead to possible infection. All probable exposures to BBP and other infectious materials shall be reported to the Office of Public Health.

- Any employee who believes that he/she has been exposed to BBP or a communicable disease must notify their supervisor immediately. The Safety Coordinator will complete an Incident/Accident Investigation Form (DA 2000) and LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form. The affected individual may elect to be sent for medical examination and it will be treated as a Worker's Compensation matter.

- All exposures must be reported within 24 hours. A supervisor may call the appropriate Office of Public Health to report the exposure during a weekend if it is determined that immediate action is needed, e.g., meningitis prophylaxis.

- If the HBV vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee.

- If an employee declines the offer of the free HBV vaccine then the employee is required to sign a declination statement (Adobe version/Word version). If at any time the employee changes his/her decision and decides to accept the offer of the HBV vaccine, then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee.

- Due to confidentiality requirements the designated health epidemiologist shall only report the results of the investigation to the affected member. It is the member's responsibility to report to his/her supervisor any investigative results.

Record Keeping and Confidentiality

- There must be a record kept on all actions requiring the services of a Safety Coordinator, supervisor or other designated individual. The date, time, place, and circumstances of the need for treatment should be recorded. An Incident/Accident Investigation Form (DA 2000) and LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form must be completed when a BBP exposure occurred while providing emergency medical care. Treatment should be sought as a precaution, or if the exposure resulted in an injury.

- The Safety Coordinator must keep this information in a confidential file for the employee's length of employment in accordance with DCFS Policy 6-02, Retention of Departmental Records.

- An employee, visitor or client who declines treatment should sign a First Aid Treatment Waiver Form (Adobe version/Word version), in the presence of two (2) witnesses, to acknowledge his/her refusal of treatment.

    - The original First Aid Treatment Waiver Form (Adobe version/Word version), is retained by the Safety Coordinator, and a copy is sent to the DCFS Safety Officer, Support Services Manager and Human Resources Section, along with the appropriate DA2000 and LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form Report of Injury/Illness Form for employees; or DA3000 and General Liability Reporting Form (DA 2065) for clients/visitors.

- Information and documentation on communicable diseases regarding a staff member is confidential. Louisiana state law protects the confidentiality of all HIV and anonymous testing.
- Information shall be kept with audit files in accordance with the DCFS Policy 6-02, Retention of Departmental Records.

III. FORMS AND INSTRUCTIONS

DCFS Policy 3-02 and Forms Instructions

Employer Report of Illness or Injury Form – WC-1007

First Aid Treatment Waiver Form (Adobe version/Word version) and Instructions

First Aid Information Form (Adobe version/Word version) and Instructions

General Liability Reporting Form (DA 2065)

HBV Declination Statement Form (Adobe version/Word version) and Instructions

LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form, Sample Form, and Form Instructions

ORM State Employee Incident/Accident Investigation Form (DA 2000)

ORM Visitor/Client Accident Reporting Form (DA 3000)

Safety Meeting Form SM-1-00

IV. REFERENCES

ORM General Safety Program

Definitions

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

Communicable diseases – A disease that is caused by a specific infectious agent or its toxic products and which can be transmitted either directly or indirectly from a reservoir to a susceptible host.

Contaminated – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

DCFS Safety Officer - Individual appointed by the DCFS Secretary to plan, organize, direct and control the Safety Program for DCFS.

Decontamination - Ensuring that all contaminated work surfaces are cleaned immediately after completion of first aid, to the point where they are no longer capable of transmitting disease and the surface is rendered safe for handling, use or disposal. Decontamination/cleanup is to be completed by using bleach solution (10 parts water to 1 part bleach), and/or other Environmental Protection Agency (EPA) registered germicide, along with gloves and plastic sealable bags for disposal.

Emergency responders - DCFS employees selected by the DCFS Secretary, Safety Officer, Safety Coordinator or other appointing authority and trained to perform first aid and/or Cardiopulmonary Resuscitation (CPR).

Exposure incident – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (caused by needle sticks, human bites, cuts and abrasions) with blood or other potentially infectious materials. Other exposure incidence includes direct contact with respiratory, fecal/oral infectious agents as in TB, measles, and Hepatitis A.

High exposure risk position - A position that involves potential exposure to greater risk that may result in injury for an employee.

Infectious materials - Includes, but is not limited to, body fluids, whether visibly contaminated with blood or not, unfixed tissues or organs other than intact skin for humans.

Occupational exposure – Means reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other potentially infectious materials – Includes human body fluids of semen, vaginal secretions, blood, saliva, amniotic fluids, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV or HBV – containing cultures or other solutions.

Safety Coordinator - Individual appointed by the Bureau/Division/Section Director to organize, direct and control the Safety Program for their assigned Bureau/Division/Section.

Significant exposure – Contact between not intact skin and mucous membrane with contaminated blood or body fluids.

Universal precautions – An approach to infection control in which all human blood and human body fluids are treated as if known to be infectious.

ATTACHMENT – INFECTIOUS DISEASE CHART

Disease	Early Signs and Symptoms	Incubation Period	Preventative Measures
AIDS – Acquired Immune Deficiency Syndrome	AIDS – Contracted through infected body fluids, blood, sexual activity, IV drug use and transmission from female to fetus.	Disease can take up to ten years or more to develop	Avoid sexual contact and contacts with body fluids of HIV infected person. Use gloves to handle infectious fluids.
Chicken Pox	Usually begins with a sudden onset of mild fever followed several days later by the occurrence of small, raised pimples that shortly become filled with clear fluid. Scabs form later.	2–3 weeks; commonly 13-17 days	Avoid exposure to cases.
Diphtheria	Fever and sore throat, with white or grayish patches on the throat, palate or tonsils. The early signs are often mistakenly and dangerously confused with severe tonsillitis. Chronic skin sores, especially in or around the nose, may also be caused by diphtheria organisms.	2-5 days	Immunization of all children in early infancy. Usually combined with a whooping cough and tetanus immunizations as DTP vaccine. Booster doses are given at intervals as recommended by the family physician or health department.

Disease	Early Signs and Symptoms	Incubation Period	Preventative Measures
Hepatitis A – Infectious Hepatitis	Onset usually abrupt with fever, nausea, abdominal discomfort and loss of appetite followed with a few days of jaundice, dark Coca-Cola urine and clay colored stools. Many infected individuals especially children are asymptomatic or have mild symptoms without jaundice.	15-50 days; usually 28-30	Immune globulin for household contacts of cases and for staff and attendees of day care centers. It is not indicated for contacts in the usual school situation. Good sanitation/personal hygiene with special emphasis on hand washing after toilet use and before eating.
Hepatitis B	Blood or sexually acquired. Usually through IV drug use or significant blood spills. 5-10 percent of those infected become carriers and symptoms are similar to Hepatitis A. No medication for B. There is a vaccine. May or may not have permanent liver damage as a result and once infected, you cannot get it again. E antigen only is related to Hep B and this person is more infectious. Carriers are more likely to develop “E” antigen. Hepatitis D is a part of the Hep B virus. You can only have D if you had or have B.	45-180 days; average 60-90 days	Normally, precautions when handling potentially infectious materials and/or working with a blood spillage. Covering open wounds and using a physical or chemical means of decontamination. Using protective gloves and cleaning solution (1 to 10 parts household bleach and water).

Disease	Early Signs and Symptoms	Incubation Period	Preventative Measures
Hepatitis C	It is thought to be only transmitted by blood and sexual activity. There is no test for C virus itself, test is for antibodies. Most cases are a result of transfusion or IV drug use. 50 percent will become carriers. Significant number will have severe liver damage. Relatively same symptoms.	2-24 weeks; average 6-9 weeks	Same as B.
Hepatitis E	This is a gastrointestinal virus. It is not in the United States yet. It is contracted from fecal matter and oral introduction like A.	15-64 days; average 26-42 days	Good personal hygiene with special emphasis on hand washing after toilet use and before preparing or eating food.
Impetigo	Commonly found on hands and face, but sometimes found widely scattered over the body. There are small fluid filled pimples at first, followed by the formation of loose scales or crusts.	Variable and indefinite; usually 4-10 days	Immunization. Report suspect cases to Parish Health Unit immediately.
Meningococcal Meningitis	Fever, sore throat, headache, nausea, stiff neck.	Varies from 2-10 days, commonly 3-4 days.	Intimate contacts (family, romantic or persons who have given mouth-to-mouth resuscitation) and day care center contacts should be treated prophylactically and observed for symptoms for 5 days. Prompt treatment if symptoms develop is extremely important.
Mononucleosis	Acute infectious disease, fever, sore throat, glandular swelling.	Unknown but probably 4-6 weeks.	No specific measures recommended.
Mumps	Begins with slight fever and nausea. Painful swelling appears about the angle of the jaw and in front of the ear.	12-26 days; average 18 days	Vaccine is useful for children over 12 months of age who have not had mumps.
Pediculosis (Head Lice)	Irritation and itching of scalp. Lice are light gray insects that lay eggs or “nits” on the hair, especially at the nape of the neck and about the ears.	Eggs hatch in a week. New lice start laying eggs about 2 weeks later.	Examine and treat all infected children in class. Re-treat in 8 to 10 days to kill newly hatched lice. Store hats/coats separately. Eliminate sharing of combs/ brushes.
Pink Eye (Conjunctivitis)	Irritated, red and watery appearance of one or both eyes followed by swelling and redness of surrounding areas.	Usually 24-72 hours	Personal hygiene and medical treatment of affected eye(s)

Disease	Early Signs and Symptoms	Incubation Period	Preventative Measures
Ringworm	Appears on the scalp as round scaly patches with short broken hairs, but may occur anywhere on the body. Spread by contaminated clothing (caps, etc.) or contact with scales of hair from the sores. It may also come from contact with dogs and cats. Greatest incidence is in children 5 to 12 years of age.	10-14 days	Proper treatment of cases to prevent spread to others.
Rubella (German Measles)	Begins with a rash. The fever and rash in German measles usually have a simultaneous onset. Small nodular swellings behind the ears often occur, aiding in diagnosis.	14-21 days, usually 18 days	Immunization. Report suspect cases to the Parish Health Unit immediately.
Scabies (Itch)	Appear as small, scattered, red spots most frequently found in the webs of fingers and areas of the thighs and arms where skin is thin. Itching is most pronounced at night.	Several days or even weeks before itching is noticed. Recurrence is common.	Good personal hygiene.
Streptococcal Infectious (including Scarlet Fever and Strep Throat)	Sore throat, swollen glands, headache, fever and generalized “reddish” rash. In some cases, sore throat may be only sign. Scarlet fever and strep throat are the same disease except for the rash with scarlet fever.	1-3 days	Antibiotic treatment of cases and high risk asymptomatic contacts, i.e., those with history of rheumatic fever.
Syphilis, Gonorrhea, Genital Herpes, Venereal Warts	These diseases are transmitted through direct sexual contact. Syphilis is a degenerative disease over a period of time (usually years). Gonorrhea is a contagious bacterial disease characterized by inflammation of the urethra, urinary frequency, a burning sensation during urination and a discharge of pus from penis or vagina. Both genital herpes and venereal warts are a virus transmitted during sexual contact.	Variable	Avoidance of sexual contact with infected person. Virus does not live outside (in air) host.

Disease	Early Signs and Symptoms	Incubation Period	Preventative Measures
Tuberculosis	Respiratory spread disease (from respiratory tract to respiratory tract). Association with infected person in a closed area. Presently being found to be multi-drug resistant. Coughing profusely. Highly contagious.	Variable	Contagious patient should wear a mask if coughing
Whooping Cough	Initially, symptoms are similar to those of a cold with sneezing and coughing. From one to two weeks later the cough becomes more severe with the characteristic “Whoop”.	5-10 days, usually 7 days, rarely up to 21 days.	Immunization in early infancy, usually given in combination with Diphtheria and Tetanus immunizations as DTP vaccine. Booster doses are given at intervals as recommended by the family physician or health department.